Enhancing Mental Health Resilience

HR / Workforce Director Interviews

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March 2021

Contents

EXECUTIVE SUMMARY

As part of the CLN's Enhancing Mental Health Resilience Programme in October 2020 the NHS CLN commenced a series of in-depth interviews with HR Directors and other Executive Team members in volunteer organisations across the North West of England. This was an opportunity to learn about the Mental Health and Wellbeing offers that individual organisations were presenting to their staff along with any specific leadership/management initiatives and to gauge how all staff were coping with the COVID19 pandemic.

Numerous common themes emerged; HR Directors, almost without exception, noted that there was a notable difference between the effects of Wave 1 and Wave 2 on our NHS colleagues. In Wave 1 they were primarily concerned with the virus itself – would they catch it, how ill would they be, will their family be ok? Will they have access to PPE? They came out of Wave 1 exhausted and shocked by what they had seen and are now, months later, beginning to display some symptoms of PTSD, including flashbacks and being unable to return to certain areas of the hospital, and moral injury – these are potentially long lasting and extremely concerning. In Wave 2, we are seeing exhausted staff who are now suffering compassion fatigue – not for patients but for their colleagues. They feel that there is less "community spirit" and they know that there is a long winter ahead and there is an expectation that the "day job" will continue and levels of normal activity maintained. NHS organisations are meeting this challenge by ensuring that their Exec Teams are more visible (where safe to do so) and by using creative means such as daily blogs, vlogs etc. They are leading by example by being vocal about their own mental health and what they personally do to protect it – thus saying "if it's ok for me to feel this way and do this to self-care, then you can do it too".

Organisations are also more willing to look at external companies for expertise on Mental Health and Wellbeing initiatives which are working in alignment with the Occupational Health teams.

A number of organisations are employing Clinical Psychologists exclusively for their staff; funding is often non-recurrent (for example, use of charitable funds) and some organisations are considering how to maintain this offer for their staff. All organisations reported that sickness absence levels are rising as are their referrals to Occupational Health.

As the pandemic stretches on, staff are reporting that they prefer face to face interventions (where safe and appropriate to do so) and prefer practical assistance and recognition to online interventions

By mid March 2021 12 organisations had been interviewed.

INTERVIEW PROCESS

The interviews were conducted between October 2020 and January 2021 via Microsoft Teams. Each interview took between 60-90 minutes and followed a series of structured questions (both open and closed) which the interviewees read in advance to allow them to prepare. In all cases, as the discussion developed, supplementary questions were asked to allow further exploration of some topics.

A copy of the Structured Interview template can be found under Appendix 1.

Interviewers

The interviewers were:

Jan Lawry

Elizabeth Woollen

Hemlata Fletcher

Jamie Butel

Dawn Black was present as an observer during some of the later interviews in December 2020.

Organisations Interviewed

Blackpool Teaching Hospitals NHS Foundation Trust

The Christie NHS Foundation Trust

East Lancashire Hospitals NHS Foundation Trust

Liverpool Universities hospitals NHS Foundation Trust

Mid Cheshire Hospitals NHS Foundation Trust

University Hospitals of Morecambe Bay NHS Foundation Trust

Pennine Care NHS Foundation Trust

Pennine Acute Hospitals NHS Trust

Salford Royal NHS Foundation Trust

Southport & Ormskirk Hospitals NHS Trust

The Walton Centre

Wrightington Wigan & Leigh NHS Foundation Trust

THE STRUCTURED INTERVIEW TEMPLATE

The Structure Interview comprised 16 questions around the following themes:

- Organisational Baseline - Senior Trust Board Leadership and Sponsorship, the fostering of regional/local partnerships and development of an organisational strategy.
- Clinical Leadership – including coaching tools
- Engagement – staff awareness raising and training and clear communications
- Culture – the principle of civility and encouraging staff to be aware of self-care tools with policies in procedures in place to support.
- Infrastructure – promoting team solidarity and togetherness.

RESPONSES

1 a. Does your organisation have a Trust Executive Lead responsible for mental health and psychological wellbeing of healthcare staff – if so who is the named lead?

The majority of organisations interviewed had a named Executive Lead for Health & Wellbeing with fewer having a named lead for Mental Health in particular. In addition, most had a named Non-Executive Director Lead for Health & Wellbeing or Wellbeing Guardians who used the role to be a 'critical friend' and challenge Trust health & wellbeing initiatives. A couple of organisations had a specific COVID19 staff wellbeing Exec Lead; many aimed for a more holistic approach to health and wellbeing. Organisations also reported that Exec Teams had signed the Time to Change pledge and the Ask Twice campaign https://www.time-to-change.org.uk/asktwice

Key point: Use of Non-Exec Director as Wellbeing Guardian

1 b. Has there been Trust Board Sponsorship to galvanise resources to support mental health and psychological wellbeing of healthcare staff?

This was answered unanimously as 'yes' with Executive Level leaders being more visible throughout their Trusts where safe to do so (most were mindful about not increasing unnecessary footfall through their hospitals); Execs were also conducting daily or weekly blogs/vlogs and other Comms through Trust intranets including Trust Wellbeing pages. It was also noted that Execs were being more open about their own mental health and self-care and were thus leading by example. Some events were livestreamed to reach as many staff as possible. One organisation has developed a Steps to Wellness Team taking proactive measures to support staff including trauma support. Exec Teams are actively encouraging initiatives to support health and wellbeing such as the Stepped Care model.

Key point: 'Leading by example' – Exec Teams being more open about their own mental health and wellbeing.

2. a. Can you describe any relationships or partnerships you have developed with other organisations including the VCFS and professional bodies to support your approach?

There is greater collaborative working between NHS Trusts and local authorities with Exec level leaders sitting on Strategic Workforce groups. There are also examples of joint working in the creation of Apps such as Shiny Minds, interactive mindset resource to improves wellbeing, resilience and teamwork https://shinymind.co.uk/public-sector/

There is also a greater willingness to work with external companies for EAP such as NOSS (Network of Staff Supporters Ltd) https://www.noss.uk.com/

Other initiatives which have proved hugely successful and popular is Project Wingman https://www.projectwingman.co.uk Project Wingman is a group of current and former aircrew from all corners of aviation who are supporting NHS staff by means of providing "First Class Lounges" - space to unwind, de-compress and de-stress before, during, and after hospital shifts, in support of staff wellbeing. During the Structured Interviews, it was reporting that "staff absolutely loved it!"

One organisation is using the services of KRTS International https://krtsinternational.com/ including their online modules to strategically prepare for and respond to workplace trauma.

One organisation is using Project 5 https://www.project5.org/ A not-for-profit offering, that delivers access to structured and highly skilled support that is designed to enable success at work, through activating the strengths of people to achieve balance and connectedness to their purpose at work.

A number of organisations in the North West are actively using the Resilience Hub and there is also some sharing best practice between NHS organisations in the north west. Local offers of complementary therapies were also popular among the organisations.

One organisation is using SCARF which sets short, medium and long term goals for staff and is using the WHO index questions to conduct a weekly health check; 18,000 staff are separated into 4 groups who will be asked (over the coming months) if the Mental Health and Wellbeing offers and interventions are making a difference to them.

Key point: Greater collaboration with partners such as local authorities and more openness to using specialist external companies.

2. b. What are the goals for structuring a more collaborative approach to mental health and wellbeing practices for healthcare staff?

The majority of organisations stated that they would be looking at more robust and sustainable in-house Psychology teams to support staff. A number of organisations had employed Clinical Psychologists or Psychological Therapy teams specifically for their staff with one reporting that they had 50 referrals a month. The aim of using Psychological Therapy teams is to be proactive and early interventional rather than recovery.

On a practical level, organisations are endeavouring to align and simplify documentation and processes, such as Risk Assessments.

Key point: Recruitment of Clinical Psychologist exclusively for staff.

3. a. Does the Trust have an organisational strategy to deal with mental health and psychological consequences for staff affected by this pandemic now and for the later mental health consequences post pandemic?

The majority of organisations are looking at refreshing their People Plans to reflect COVID19 with associated Action Plans. The role of the Clinical Psychologist, for exclusive use by staff, is also gaining ground in a majority of organisations and a number were also planning to ensure that all new or revised strategies would specifically include Mental Health and Wellbeing.

As the discussions developed on this question, a supplementary question was asked about any perceived differences between Wave 1 and Wave 2 in terms of stress. With no exceptions, all organisations described that staff stress in Wave 1 was focused on the virus itself – how ill would staff become, would they pass it onto their colleagues or family, how would their family cope etc. As Wave 1 diminished, staff were left shocked and exhausted but bolstered by a sense of community and shared experience within their teams and a wider sense of worth and gratitude by the general public (Thursday's Clap for Carers), donations of free food and gifts to the hospitals and practical support where it mattered – grocery vans brought to the hospital grounds, free parking for staff etc. Prior to the onset of Wave 2, it has been noted that some staff are showing signs of deeper stress including Post Traumatic Stress Disorder and Moral Injury; COVID became 'normalised and rationalised'. Wave 2 grew rapid momentum along with the 'usual' winter pressures; staff stress and anxiety levels are now due to worries about staffing levels and being asked to continue with

their normal activities alongside caring for COVID patients. Their overriding concern, as one staff member put it, is "how will we cope"? The sense of external community has evaporated and some staff are exhibiting irritability with their colleagues. One HR Director reported a high level of stress coupled with low morale and an increasing number of Freedom to Speak Up cases within her Trust. Despite this, the overwhelming response from organisations was one of a sense of belonging, summed up by one member of staff as "the team keep me here".

It was generally reported that redeployed staff were becoming more disengaged and isolated and needed visible leadership – organisations were early to recognise this and all took preventative measures. Staff going into redeployed roles are offered structured support and guidance.

Several organisations noted that the middle management layers needed the most support with assisting staff.

Key point: COVID19 impacting more on redeployed staff with middle management requiring more support.

4. a. What plans have been introduced to promote appropriate and accessible support initiatives to improve mental health and well-being for healthcare staff?

The majority of organisations already had a well established Mental Health and Wellbeing programme but were making modifications to reflect the higher need to support staff mental health. Again, external companies are being used (such as NOSS). and organisations are increasing online learning modules for the managers to assist with the referral process to EAPs and Occupational Health. A number of organisations had greatly increased the number of Mental Health 1st Aiders.

Some organisations have COVID specific pages on their intranet signposting to a wide range of resources. Bulletins also focus on good news stories, thanking specific staff and rewarding staff.

Other interventions and offers included Self care packs, a Wellbeing Buddy programme and regular Risk Assessments for all staff which are reviewed on a quarterly basis. One organisation is working on Moral Injury support with a very positive uptake.

Key point: Evolving Mental Health and Wellbeing programmes to reflect the changing needs of staff with increased use of Risk Assessments.

4. b. What guidance is being offered to ensure the needs of healthcare staff are being responded to by appropriate measures of identification, referral and intervention?

One of the most notable responses to this question was the number of organisations that are increasing online learning modules for the managers to assist with the referral process to EAPs and Occupational Health. One organisation has also amended their staff appraisal form with the first question focusing on wellbeing.

One interesting observation by one organisation was that Wellbeing Champions are often viewed as 'rescuers' and they were now evolving their message to say that wellbeing is everyone's responsibility.

Key point: Increasing online learning modules for managers to support referral process.

5. a. Does the Trust have a dedicated communication system to promote mental health and psychological support for those affected by the pandemic?

Several organisations were sending our separate Mental Health and Wellbeing key messages on a daily basis and Execs are doing daily or twice weekly blogs/vlogs. All organisations reported that staff Comms methods were frequently reviewed to ensure they reached the most people. Wellbeing Conversations are embedded in a number of organisations as well as regular releases of learning modules on how to support staff. It was also reported that a number of Occupational Health teams are taking a more targeted approach to supporting staff welfare and a number of OH teams have extended their working hours.

Key point: Embedding Wellbeing Conversations as part of organisational culture.

6. a. What is being done to promote appropriate strategies for leaders to be aware of their own and their team's abilities to offer effective guidelines and mentoring to healthcare staff?

The increased pressure on organisations has had a galvanising effect on management/leadership development. One organisation in particular has developed a 5-day leadership programme for line managers which includes 2-days run by an external company. The feedback has been very favourable and it was reported that it stood the organisation in good stead during the Waves 1 and 2 of the pandemic. Enhanced leadership programmes have encouraged a good coaching culture in organisations where leaders look after each other in terms of peer support. All organisations have endeavoured to continue their programmes of mandatory training and have tried to foster a sense of business as usual throughout their organisations to give their staff stability and a feeling of routine. Some organisations are also actively using the Perform @ Your Peak programme, part of the NHS North West Leadership Academy's continued support of the Health and Wellbeing throughout the North West - https://www.nwacademy.nhs.uk/discover/offers/perform-your-peak#:~:text=Using%20a%20combination%20of%20education,organisational%20health%20and%20wellbeing%20strategies.

For some organisations, a gap in leadership training was recognised during Wave 1 and this has been addressed particularly in terms of psycho-education for managers enabling them to understand how to support themselves and their teams. One organisation has plans in place for Leadership Support Circles – a reflective space which will include psycho-education.

One organisation was using an external company, Boo Coaching and Consulting - https://www.boo-consulting.com/ for their leadership team development and to support the mental health of staff.

Key point: Robust leadership programmes aid organisations in times of increased pressure.

7. a. Does the Trust have a dedicated staff awareness and training programme in understanding stress and its management?

A number of organisations are using external companies to assist with staff stress and its management, for example, Coaching Through COVID https://coachingthroughcovid.org/ a not-for-profit organisation offering free coaching support for key NHS and care workers directly impacted by

COVID. In some organisations the OD teams have pooled their accredited coaches to provide ad hoc support.

Annual stress audits are also more common with organisations using the results to shape their Health and Wellbeing offers to staff and revise stress policies.

Key point: Use of specialist organisations to provide coaching.

8. a. What structures have been developed to maximise up-to-date, accurate information regarding the pandemic being communicated effectively?

All organisations developed a programme a short key messages relating to COVID19, often twice daily, supported by a programme of weekly (as a minimum) COVID19 relating tactical meetings to ensure robust command and control.

Key point: Short key messages backed up by robust command and control.

9. a. Given the diversity of the workforce, what strategies have been developed to foster a culture of respect and dignity, compassion and inclusion within teams and departments?

The development of the various leadership programmes has fostered more awareness around inclusion, equality and diversity. There is a very clear message among all the organisations for staff to remember their values and show kindness and compassion. A number of Exec teams have completed civility training. At this point a number of organisations volunteered that staff are being to show signs of compassion fatigue – not towards patients but with each other; one person described it as "a short fuse generally" with exhausted staff having less patience.

Several organisations reported that their HR teams were working more closely since the pandemic and had generally fostered closer working relationships.

One organisation has had very positive result with their SCOPE values – information gathered through S0Proud Conversations & Focus Groups is showing some really helpful, informative and honest views about what the SCOPE values 'look like' in their professional lives. The framework has been developed for staff, by staff, thereby creating a collective ownership and shared sense of responsibility which will add more meaning to them in practice.

Key point: Organisations embedding civility but evidence of compassion fatigue.

10. a. What policies have been considered for practices of self-care and well-being becoming integrated into working structures?

Most commonly, organisations have reviewed their Stress Management and Flexible Working policies. Again, external companies and websites are being used such as Creating Compassion - https://www.creatingcompassion.com/

Key point: Review of relevant organisational policies.

11. a. How are teams within services and departments being encouraged to utilise strategies for shared ownership and inclusive support for mental health and well-being?

A number of organisations reported that teams have ensured the use of Huddles and their own tailored Comms plus closed social media groups such as Facebook and WhatsApp. Some areas that Those have the most direct contact with COVID patients (such as A&E, Critical Care etc) are described as having a group of 'self selected' staff with high resilience levels and a strong sense of community; they in turn are supporting redeployed staff who appear to be more negatively impacted by COVID.

One organisation reported an initiative developed by their Chief Nurse aimed at all their Matrons which was a safe space to share their experiences and provide peer support.

Key point: Use of huddles and closed social media groups.

12. a. Does the Trust have peer support structures like Huddles, Psychological First Aid, Mental Health First Aid, Trauma Risk Management, Employee Assistance programmes and Schwartz Rounds in place?

All organisations use peer support structures such as Huddles and EAP and there is a greater use of Mental Health 1st Aiders with staff being actively encouraged to sign up for training. The next most common support structure used were Schwartz Rounds which were reported as being particularly popular pre-pandemic as were Action Learning Sets. Team development and self assessment tools are also increasingly used. One organisation ran a Thank You week where staff were sent a thank you card signed by all the Exec Team and given an additional day's Leave. Care packs have also been created and sent to every ward. Many organisations have 'SOS rooms' 'wobble rooms' or 'tranquillity rooms'

Key point: Increased use of Mental Health 1st aiders and safe spaces for staff.

13. a. Are new staff buddied with more experienced staff and rotated from high stress functions to low stress functions.

The buddying system has been difficult to maintain during Waves 1 and 2 for a number of organisations. This has been a learning point for a number of organisations who will incorporate buddying into their team structures. Rotating from high stress to low stress functions has rarely been carried out during the pandemic due to the skill sets required in key areas of the hospital.

Key point: Difficult to maintain buddying system and staff rotation.

14. a. Are additional resources for pastoral and clinical support being considered?

There is a greater emphasis on Risk Assessments being carried out. At this point many of the organisations also reported that their Chaplaincies were carrying out additional duties and were ensuring that they were on-call and available for staff and patients alike. One organisation had a dedicated Wellbeing Lead Chaplain who specifically worked on in-reach with Critical Care staff. Clinical Supervision is embedded in the majority of organisations with Group Clinical Supervision being considered by a few.

Key point: Greater use of Risk Assessments

15. a. Which guidance has the Trust aligned its mental health and wellbeing offer?

The organisations unanimously reported that they follow all NHSE Guidance; from there (depending on specialty) they followed Royal Colleges guidance and NICE guidance. HSE guidance on stress in the workplace is also used by the organisations. One organisation is using the WHO index guidelines.

Key point: Use of NHSE Guidance, NICE, Royal Colleges and HSE Guidance.

16. a. What resources are being focused specifically for healthcare staff identified as requiring additional assistance?

Many organisations reported using Clinical Psychologists specifically for staff and Occupational Health teams, while reporting a higher level of referrals, were designing more targeted approaches to support specific teams. External coaching and counselling interventions were frequently offered and referrals were being made by a variety of ways – either by the staff member themselves, their line managers or Occupational Health.

Key point: Use of Clinical Psychologists and targeted Occupational Health support.

COMMON THEMES

- A growth of the use of Mental Health 1st Aiders
- A change in the stress levels between Wave 1 and Wave 2
- More open to using external companies for Counselling or other Mental Health and Wellbeing offers
- Practical support greatly appreciated by staff (see above, Project Wingman)
- Employing Clinical Psychologists specifically for staff (often with non-recurrent funding such as charitable funds)
- An increased emphasis on Risk Assessments to identify where additional support may be required or where redeployment may be needed post-pandemic.
- Use of the Resilience Hub.
- More frequent key messages in Comms, supported by targeted Comms for specific areas and separate Mental Health and Wellbeing messages. Greater use of closed social media groups.
- A growing rate of sickness absence with markedly higher referrals to Occupational Health

CONCLUSIONS

It was notable throughout the interviews that all organisations are striving to find a balance between inundating staff with numerous offers to support their mental health and wellbeing – particularly online resources and face-to-face support. Some organisations reported that staff wanted more face-to-face support and they all appreciated practical help and recognition. All organisations reported rising levels of staff sickness absence and a growing sense of anxiety among staff – even more so than in Wave 1.

All of the organisations appreciated the Structured Interview process and the opportunity to discuss their offers to staff; they were also keen to learn what other organisations were doing.

As a follow-up to these Structured Interviews it would be worth pursuing a series of interviews with the organisations staff Clinical Psychologists to gain their perspective on staff Mental Health and Wellbeing and how effective the wide range of interventions has been.

Summary of Key Points

- Use of Non-Exec Director as Wellbeing Guardian
- 'Leading by example' – Exec Teams being more open about their own mental health and wellbeing.
- Greater collaboration with partners such as local authorities and more openness to using specialist external companies.
- Recruitment of Clinical Psychologist exclusively for staff.
- COVID19 impacting more on redeployed staff with middle management requiring more support.
- Evolving Mental Health and Wellbeing programmes to reflect the changing needs of staff with increased use of Risk Assessments.
- Increasing online learning modules for managers to support referral process.
- Embedding Wellbeing Conversations as part of organisational culture.
- Robust leadership programmes aid organisations in times of increased pressure.
- Use of specialist organisations to provide coaching.
- Short key messages backed up by robust command and control.
- Organisations embedding civility but evidence of compassion fatigue.
- Review of relevant organisational policies.
- Use of huddles and closed social media groups.
- Increased use of Mental Health 1st aiders and safe spaces for staff.
- Difficult to maintain buddying system and staff rotation.
- Greater use of Risk Assessments
- Use of NHSE Guidance, NICE, Royal Colleges and HSE Guidance.
- Use of Clinical Psychologists and targeted Occupational Health support.

APPENDIX

Appendix 1: Structured Interview Question Template

NHSCLN EMHR Programme Organisa